

PACIFIC REGIONAL MEDICAL CENTER INSPECTOR GENERAL

Special Inspection of Facilities Used to House Wounded, III and Injured (WII) Soldiers

16 - 17, 26 June and 10 July 2014

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DEPARTMENT OF THE ARMY PACIFIC REGIONAL MEDICAL COMMAND (PRMC)

1 JARRETT WHITE ROAD
TRIPLER AMC, HAWA! 99859-5000

MCPR-IG 15 September 2014

MEMORANDUMFOR Commander, Pacific Regional Medical Command (PRMC)

SUBJECT: Final Report on the FY14 Special Inspection of Facilities Used to House Wounded, Ill and Injured (WII) Soldiers

- 1. Purpose. To obtain PRMC Commander's signature on the enclosed Special Inspection of Armed Forces Housing Facilities of WII Soldiers.
- 2. Discussion. On 13 December 2013, the Commander, PRMC directed the PRMC Inspector General (IG) to conduct the Special Inspection of Facilities Used to House WII Service Members (Appendix 1). On 16-17, 26 June and 10 July 2014, the PRMC IG has completed the Special Inspection of Facilities Used to House WII Soldiers residing in the barracks and housing units.
- 3. The inspection team identified 10 findings and several observations and made recommendations for corrective actions related to three objectives. Findings 1 and 10 have open work orders, and the remainders of the findings have been corrected and are closed. A summary of the findings are as follows:
- a. Finding 1: Inoperable smoke alarm detectors in three housing units and six barracks rooms. Status: Open. Awaiting work order completion for the installation of a smoke alarm detector in the laundry room area of the barracks.
- b. Finding 2: Four housing units with the following deficiencies (e.g., light bulb missing/expose open circuit, circuit breaker stays open (frequent tripping due to high current use from outdoor car repair activities, light fixture hanging from garage ceiling, missing window handle, broken screen door handle, water leak under the kitchen sink, broken/detached bath sink cabinets, broken towel rack, etc.). Status: Closed.
 - c. Finding 3: Broken fire exit door handle in one of the barracks. Status: Closed.
- d. Finding 4: Flammable/fire hazard debris inside the Soldier Family Assistance Center boiler area. Status: Closed.
 - e. Finding 5: Eight disconnected dryer hoses in WTU laundry facility. Status: Closed.
 - f. Finding 6: Cigarette smoke residue in one of the barracks rooms. Status: Closed.
 - g. Finding 7: Unsecured controlled medications in two barracks rooms. Status: Closed.

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SUBJECT: Final Report on the FY14 Special Inspection of Facilities Used to House Wounded, Ill and Injured (WII) Soldiers

- h. Finding 8: Inoperable main door in one of the barracks. Status: Closed.
- i. Finding 9: Large boxes blocking the passage way in a barracks room. Status: Closed.
- j. Finding 10: Broken stair vinyl cap in one of the barracks. Status: Open. A work order was resubmitted to DPW due to an unacceptable repair.
- 4. Recommendation. That the PRMC Commander:
 - a. Approve the final report.
- b. Authorize its immediate release to The Surgeon General/Commander, USA MEDCOM.

Encl As

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Executive Summary

- 1. Background. On 18 September 2007, the Deputy Secretary of Defense (DEPSECDEF) promulgated standards for facilities housing Wounded, Ill and Injured (WII) Soldiers who are receiving outpatient medical care. These standards focus in the areas of assignment, baseline accommodations, and special medical requirements. On 28 January 2008, Public Law 110-181, Sec 1662 was enacted requiring Regional Medical Command (RMC) Inspectors General (IGs) to conduct semi-annual inspections of all WII Soldiers' housing for the first two years and annually thereafter; to submit a report on each facility inspected to the post commander, the Secretary of the military department concerned, the Assistant Secretary of Defense for Health Affairs, and the congressional defense committees; and to post the final inspection report on their respective Internet website. To facilitate the conduct of the inspections, Headquarters, Department of the Army, issued guidance via ALARACT 162/2008 on 3 July 08 to all Army activities. This message directed US Army Medical Command (MEDCOM) RMC IGs, in coordination with Installation Management Command (IMCOM), to oversee the inspection effort. It also provided RMC IGs authorization to task staff members and IGs assigned to senior commanders and IMCOM as well as "unlimited access to Army activities, organizations, and all information sources necessary to complete the inspection." On 29 October 2013, the Commanding General, USA Medical Command directed Commanders of Regional Medical Commands to issue a directive to their IGs to conduct the Special Inspection of Facilities used to House WII Service Members. On 13 December 2013, the Commanding General, PRMC signed the PRMC IG FY14 Inspection Directive to include the WTB annual housing inspection.
- 2. Purpose. The purpose of this inspection is to accomplish the annual inspection requirement of housing facilities used to house WII Soldiers in accordance with (IAW) National Defense Authorization Act (NDAA) 2008, PL 110-181, Section 1662.
- 3. Concept. The concept of this inspection was to determine the effectiveness of the Armed Forces Housing Facilities for WII Soldiers by using the baseline standards as outlined in DEPSECDEF 18 Sep 07 memorandum in the proper housing of WII personnel and report on the adequacy of those facilities in the PRMC and tenant units.
- 4. Objectives.
- a. Assess compliance with WII Soldiers' housing assignments as outlined in Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
- b. Assess WII Soldiers' occupied housing for compliance with baseline standards as outlined in Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

- c. Assess compliance with the requirement to provide special accommodations and services to WII Soldiers with functional limitations as outlined in Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
- 5. Special Interest Item. Identify special accommodations and services provided to WII Soldiers to address the range of cognitive limitations that result from Traumatic Brain Injury, Post Traumatic Stress Disorder and stroke.
- 6. Summary of Findings, Observations, and Recommendations. The inspection team inspected two different types of facilities (barracks and privately-owned family housing/contracted or leased housing within various military installations). There were no WII personnel residing in government-owned and private lodging facilities (e.g., Army/other Services lodging facilities, Fisher House). Seven WII Soldiers who are residing in military private contracted-managed homes on-base consented in the housing inspection. One hundred thirty nine (139) WII Soldiers residing in private contracted homes on base and private homes located off-base (commercial or outside the military base) did not consent for the inspection.
- a. Findings: There were a total of ten findings noted during this inspection in both the housing units and in the barracks. The findings include: nine missing or inoperable smoke alarm detectors (3 in individual housing units and 6 in the barracks). The nine findings in the barracks include: inoperable fire exit door handle; pile of fire hazard debris in the boiler area; presence of cigarettes/smoke residue; unsecured medications; inoperable main door; broken bath sink cabinets; boxes blocking the passage/common area; broken stair vinyl cap; and eight disconnected hoses in dryer machines (belong to another unit). Most of the rooms in the barracks and the housing units met the DoD housing standards. The overall estimated repair costs: \$1,167.00 for the barracks and \$699.00 for housing units, respectively.
- b. Observations: There were several minor deficiencies or observations that were noted in the housing units and in the barracks. Most WII Soldiers living in the barracks and in private contract-managed homes were not providing the WTB staff/cadre or the housing contractor timely information by reporting or submitting work orders for repair of minor deficiencies.

c. Recommendations:

- (1) Residents and WTU staff comply with housing standards and other requirements.
 - (2) WTB staffs continually remind residents about safety and security.

- (3) Residents submit work orders and WTU staff/cadre assist WII Soldiers by providing follow-up to their work orders.
- (4) WTU duty NCO or cadre perform and document random checks in the barracks and ensure residents are reminded not to tamper the smoke alarm detectors.
- (5) WTB leadership sustains the collaborative relationships with IMCOM Safety, Garrison, Department of Public Works (DPW), private housing contractors, and other agencies.
- (6) The WTB command is directed to reply to the PRMC IG findings and observations within 30 days from date of out-brief (NLT 11 August 2014).

Chapter 1 Objectives and Methodology

- 1. Objectives (Reference Appendix 1 Special Inspection Directive).
- a. Assess compliance with WII Soldiers' housing assignments as outlined in Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
- b. Assess WII Soldiers' occupied housing for compliance with baseline standards as outlined in Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
- c. Assess compliance with the requirement to provide special accommodations and services to WII Soldiers with functional limitations as outlined in Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
- 2. Special Interest Item. Identify special accommodations and services provided to WII Soldiers to address the range of cognitive limitations that result from Traumatic Brain Injury, Post Traumatic Stress Disorder and stroke.
- 3. Inspection Team. The inspection team consisted of the PRMC Command IG (also a Preventive Medical Officer as required), three PRMC Assistant IGs, IMCOM Safety Officer and a Garrison Facilities Representative. The WTB's Command Sergeant Major, HQ First Sergeant, Operations NCOs, and one government civilian support personnel provided escort, transportation, and logistics assistance to the inspection team.

4. Methodology.

- a. Observation: The inspection team inspected the following types of WII Soldiers' occupied facilities: DoD Owned Unaccompanied Personnel Housing (barracks) and Privatized Family Housing. Assessment of Privatized Family Housing was conducted with the consent of occupant and privatized housing management.
 - b. Document Review. The inspection teams reviewed the following documents:
- c. Interviews. The inspection teams conducted on-the-spot interviews with Soldiers residing in housing and in the barracks. Most WII Soldiers were satisfied with the condition and the amenities of their housing unit.
 - d. Surveys. The inspection team did not conduct surveys for this inspection.
- 5. Locations Visited:

- a. Schofield Barracks, HI.
- b. Aliamanu Military Reservation, HI.
- c. Mendonca Park, HI.
- 6. Findings/Observation Format.
- a. Where a violation of a published standard, policy, law or regulation existed, a Finding Statement was developed and is addressed in the following format:

Finding statement Standard(s) Root Cause Discussion Recommendation

b. Where there was no violation of a published standard, policy, law, or regulation, but an observation was made to improve current operations, an Observation Statement was developed and is addressed in the following format:

Observation statement Standard(s), if applicable Discussion Recommendation

7. In the report, quantitative terms, such as "few, some, majority, and most" are used to describe percentile ranges of quarters/barracks rooms inspected linked to specific findings or observations. These terms are defined as follows:

Few 1-25% Some 26-50% Majority 51-75% Most 76-99% All 100%

Chapter 2 Good News

- 1. WTB sustain active and positive involvement by WTB leadership, particularly the cadre in resolving or assisting WII Soldiers with their barracks/housing issues.
- 2. WTB sustain collaborative efforts with Garrison, DPW, Housing Liaison with Island Palms Communities, and other private housing maintenance contractors.
- 3. WTB sustain the use of the barracks/room checklist and continue to encourage WII Soldiers' participation in the inspection.

Chapter 3 Findings and Observations

Objective 1: Assess compliance with WII Soldiers' housing assignments.

Observation: There were no findings relating to housing assignments in WII Soldiers' barracks and in privatized housing units across the island of Oahu.

Standards: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel (DEPSECDEF Memo, 18 Sep 07). Army Regulation (AR) 420-1, *Army Facilities Management*, 24 August 2012.

Discussion: Every Wounded, Ill and Injured (WII) Soldiers occupant in the barracks and in housing units along with those with dependents were appropriately housed based on WII Soldiers pay grade and medical condition. One WII personnel has several dependents but declined the initial housing offer because the Soldier preferred a new housing unit. However, the WII Soldier's current housing unit met the housing requirements based on the medical needs of the WII Soldier and the gender of his dependents and therefore opted to stay in the newer unit. Additionally, the WII barracks and most of the housing units provided excellent and adequate housing conditions for WII occupants. Most WII Soldiers living inside the military installations are residing in the new privatized housing units. Only 6% or 9 out of 146 WII Soldiers residing in privatized housing units consented to the inspection. All the inspected facilities met the assignment standards and provided adequate services and amenities for all WII occupants as outlined in DEPSECDEF 18 Sep 07 memorandum.

Recommendation: WTB, Garrison and private contract housing management sustain the proper assignment of WII Soldiers in the barracks and in housing units, respectively.

Objective 2: Assess WII Soldiers' occupied housing for compliance with baseline standards.

Finding 2.1: Few WII Soldiers' residences have inoperable smoke/fire alarm detectors. The faulty smoke/fire alarm detectors affected three WII Soldiers in housing units and in the barracks, respectively. The three inoperable smoke alarm detectors located in the two barracks common areas affected a total of 70 WII Soldiers. Status: Open.

Standards: DEPSECDEF Memo, 18 Sep 07 and 29 Code of Federal Regulation (CFR) 1910.303(b)(1)(ii) states that "The employer shall maintain all systems in an operable condition except during repairs or maintenance."

Root Causes (RCs):

- a. Won't Comply. The smoke/fire alarm detectors have been tampered, removed, its detector taped over, or need replacement of battery.
- b. Smoke/fire alarm detectors were not checked regularly by WII Soldiers and WTU cadre.

Discussion: There is a lack of fire/safety awareness among the WII Soldiers residing in both the housing units and in the barracks. Three housing units and six rooms in the barracks have missing or inoperable smoke alarm detectors in the common areas. This finding remains open due to an open work order for the installation of a smoke alarm detector in one of the barracks laundry facility.

Recommendations:

- a. Residents comply with fire/safety standard by not tampering the smoke/fire alarm detectors.
- b. Residents should replace the battery or submit work orders for repair or replacement of smoke/fire alarm detectors.
- c. Residents should checked regularly the smoke alarm detectors within their housing unit or barracks room and report the deficiencies to WTU duty NCO/cadre or to private housing maintenance contractor.
 - d. WTU duty NCOs/cadre conduct routine barracks room checks.

Finding 2.2: Four housing units with multiple deficiencies: (1) one unit with light bulb missing/expose open circuit, circuit breaker stays open (frequent tripping due to high current use from outdoor car repair activities, and light fixture hanging from garage ceiling; (2) one unit with broken window handle, mildew in shared bathroom and backyard wall, rats in quarters (has existing wo), and shoes obstructing staircase; (3) one unit with water leak under the kitchen sink and broken towel rack; and (4) one unit with broken handle in front screen door. Each of the listed finding affected one WII Soldier, respectively. Status: Closed.

Standards: DEPSECDEF Memo, 18 Sep 07 and 29 CFR 1960.8(a) states that "The head of each agency shall furnish to each employee and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm."

RC: Won't Comply. WII Soldiers did not submit work orders for the repairs of deficiencies in their housing unit.

Discussion: Some of the deficiencies in housing units were obvious but residents did not submit work orders for repairs.

Recommendations:

- a. WTU leadership or cadre should remind residents regarding compliance with housing safety and security by submitting work orders for housing repairs.
- b. Residents identify and report any deficiencies in their housing unit to private housing contractor maintenance or to WTB staff/cadre for work order or follow-up repair.

Finding 2.3: The fire exit door handle in one of the WTU barracks was inoperable. This finding affected 12 WII Soldiers in the barracks. Status: Closed.

Standards: DEPSECDEF Memo, 18 Sep 07 and DoD Unified Facilities Criteria 3-600-01, paragraph 1-3.1 states that "Existing facilities must meet the requirement of National Fire Protection Association (NFPA) 101-76, *Life Safety Code*, for existing occupancies."

RC: Don't Know. WTU personnel or building manager was not aware about the inoperable fire exit door.

Discussion: The fire exit door handle was inoperable and the door won't open from both inside and outside the building. The fire exit door was located in the common area and the inoperable handle was fixed the same day of the inspection. The WTU duty NCO indicated that they will include routine checks of all fire exit doors as part of their barracks/common areas daily inspection.

Recommendations:

- a. WTU duty NCOs/staff/cadre should remind residents regarding compliance with the standard and not to use the fire exit door as a thoroughfare.
- b. Residents should report any deficiencies to the WTB staff/cadre or building manager for a work order/repair.
 - c. WTU duty NCOs/cadre conduct routine barracks room checks.

Finding 2.4: One of two WTU barracks has debris stored inside the boiler area of the building. This finding affected 12 WII Soldiers and significant numbers of other Soldiers who are utilizing the Soldier Family Activities Center (SFAC). Status: Closed.

Standards: DEPSECDEF Memo, 18 Sep 07 and 29 CFR 1960.8(a) (see Finding 2.2).

RC: Won't Comply. SFAC personnel or building manager failed to control the unauthorized personnel access of the SFAC boiler area.

Discussion: The debris and other trash posed a fire hazard and were removed during the same day of the inspection (PRMC IG validated the fix/revisited the boiler area). The WTU building manager indicated that they will coordinate with SFAC Manager to remind personnel in the building not to store any items in the boiler area.

Recommendations:

- a. Post a sign on the boiler area gate...access for authorized personnel only.
- b. Residents and SFAC staff should report deficiencies/infractions in SFAC to the WTU duty NCO or SFAC building manager for work order/repair.
 - c. WTU duty NCOs/cadre/building manager conduct routine building checks.

Finding 2.5: The laundry facility in one of the barracks has eight disconnected dryer hoses (blown lint pose a fire hazard). This finding affected 58 WII Soldiers residing in one of the larger barracks. Status: Closed.

Standard: DEPSECDEF Memo, 18 Sep 07 and 29 CFR 1960.8(a) (see Finding 2.2).

RC: Don't Know. Residents or building manager were not aware about the disconnected dryer hoses that belong to another unit.

Discussion: The disconnected dryer hoses belong to another unit but were located in the same location/structure with WTU dryer machines. All the dryer hoses have been reconnected the following day of the inspection.

Recommendations:

- a. Building manager/WTU duty NCO/cadre conduct routine barracks checks to include the laundry facility.
- b. Residents report any barracks' deficiencies to the building manager/WTU duty NCO or cadre for a work order/repair.

Finding 2.6: One of the rooms in the barracks has presence of cigarette/smoke residue in the bathroom area. This finding affected one WII Soldier. Status: Closed.

Standard: DEPSECDEF Memo, 18 Sep 07.

RC: Won't Comply.

Discussion: Cigarette ash/residue was present in the bathroom area in one of the rooms in the barracks. The current barracks policy restricts any use of cigarettes, candles, and other flammable items inside the room or barracks.

Recommendations:

- a. Residents comply with no smoking policy inside their room or barracks.
- b. WTU duty NCOs/cadre conduct routine barracks room checks.

Finding 2.7: Two of the rooms in one of the barracks have unsecured controlled medications. This finding affected two WII Soldiers. Status: Closed.

Standards: DEPSECDEF Memo, 18 Sep 07 and WTB Policy #4, paragraph 4.e.(3) states that "Secure all non-temperature controlled prescription medications within the medicine safes located behind each room door at all times."

RC: Won't Comply.

Discussion: Few WII Soldiers with prescribed controlled medications were not using their secured lock box. Lock box is present and operational from each of the room.

Recommendations:

- a. WII Soldiers comply with WTB SOP in the storage of controlled medications.
- b. WTU duty NCOs/cadre conduct routine barracks room checks.

Finding 2.8: One of the rooms in the barracks has inoperable main door. This finding affected one WII Soldier. Status: Closed.

Standards: DEPSECDEF Memo, 18 Sep 07 and 29 CFR 1960.8(a) (see Finding 2.2).

RC: Won't Comply.

Discussion: The room main door will not shut close properly and the occupant did not submit a work order.

Recommendations:

a. Resident needs to report deficiencies to the WTU duty NCO/cadre or building manager for work order/repair of the door.

b. WTU duty NCOs/cadre conduct routine barracks room checks.

Finding 2.9: One of the rooms in one of the barracks has pile of boxes blocking the room's passage way. There was no WII Soldier assigned in this room but it can affect potentially one resident if left unattended. Status: Closed.

Standards: DEPSECDEF Memo, 18 Sep 07 and 29 CFR 1960.8(a) (see Finding 2.2).

RC: Won't Comply.

Discussion: The resident vacated the room prior to this inspection but with boxes and other debris left behind.

Recommendations:

- a. Clear the boxes and other debris inside the room to keep room serviceable.
- b. WTU duty NCOs or cadre conduct routine barracks room checks.

Finding 2.10: One of the barracks has a broken stair vinyl cap (trip hazard). This finding is in a common area and affected 12 WII Soldiers. Status: Open.

Standards: DEPSECDEF Memo, 18 Sep 07 and 29 CFR 1960.8(a) (see Finding 2.2).

RC: Won't Comply.

Discussion: The broken stair vinyl cap cover posed a trip hazard to all WII residents. This finding is located in a common area and frequently accessed by residents. A new work order has been resubmitted to DPW due to unacceptable repair.

Recommendation: WTU duty NCO, building manager or residents submit work order. order for repair.

Observation 2.1: The overall condition of all the inspected housing units was good. However, the following minor deficiencies in nine housing units were noted or have existing work orders (wo): (1) one unit with tall grass in the back yard; (2) one unit with car engine/large vehicle parts in garage, tall grass in backyard, and hole in wall; (3) lint build up in bathroom vent, hole in wall, torn door screen, paint peeling on doors, and dirty carpet; (4) one unit with unbalanced air conditioning (AC) unit, cracked outside drain cover, and home security wires attached on the wall; (5) one unit home security wires attached on wall outside front of the unit); (6) one housing unit with refrigerator making a knocking noise (resubmitted a wo); (7) one unit with missing AC vent pane, screen at the bottom of door damaged, and dish washer vent clogged; (8) one unit with side of bath tub coating peeling, possible presence of termites around the wooden

fences, and plastic bottles near the oven area; (9) one unit with hole in wall, screen off in master's bedroom (mb) window, chipped paint on mb door frame, and small cracked on dry wall. Each of the listed observation affected one WII Soldier, respectively.

Standard: DEPSECDEF Memo, 18 Sep 07.

Discussion: The housing contractor provided immediate assistance in correcting most of the findings to include most of the minor deficiencies noted above. These minor deficiencies did not pose a direct threat or compromise the medical condition, safety or security of WII Soldiers and their dependents residing in housing units.

Recommendations:

- a. Residents report any deficiencies in their housing unit to the housing contractor maintenance/operations for a work order/repair.
 - b. Residents seek assistance from WTU staff/cadre for follow-up of repairs.

Observation 2.2: The overall condition of all the inspected barracks was good. However, the following minor deficiencies in the two barracks and individual rooms were noted or have existing work orders (wo): (1) one room has several trash bags filled with recyclable materials; (2) one room with five big truck tires; (3) one room with missing air vent cover on the closet ceiling; (4) one room with rice cooker and crock pot; (5) one room with gnat presence; (6) one room with water damage in wall; and (7) one room with refrigerator needs to be defrosted (vacant). Each of the listed observations, except # (7) affected one WII Soldier, respectively. Additionally, one of the barracks has broken outside sprinkler and exposed street light base wires (covered with electrical tapes and has existing wo), which are located in the common areas and affected 58 WII Soldiers.

Standard: DEPSECDEF Memo, 18 Sep 07.

Discussion: The WTB staff/cadre and WTU duty NCOs have corrected most of these minor deficiencies. These minor deficiencies did not pose a direct threat or compromise the medical condition, safety or security of WII Soldiers residing in the WTU barracks.

Recommendations:

- a. Residents report any deficiencies in the barracks or in their room to the WTU duty NCO, staff or cadre for a work order/repair.
 - Residents seek assistance from WTU staff/cadre for follow-up of repairs.
 - c. WTU duty NCOs/cadre conduct routine barracks room checks.

Objective 3: Assess compliance with the requirement to provide special accommodations and services to WTU Soldiers with functional limitations.

Observation: None of the findings or observations from this inspection affected any of the WII Soldiers' functional limitations or medical conditions. One WII Soldier requested a larger housing unit (5 bedrooms) but personally turned down the first offer because the WII Soldier preferred to move in a newer housing unit. However, the Soldier's existing new housing unit met the housing requirements of the WII Soldier medical requirements and therefore opted to stay in the newer unit.

Special Interest Item: Identify special accommodations and services provided to WII Soldiers to address the range of cognitive limitations that result from Traumatic Brain Injury, Post Traumatic Stress Disorder and stroke.

Discussion: The findings and observations from this inspection did not reveal any additional special accommodations nor has a negative impact to the WII Soldier's cognitive limitations that result from Traumatic Brain Injury, Post Traumatic Stress Disorder, and stroke.

Appendix 1 Directive



DEPARTMENT OF THE ARMY PACIFIC REGIONAL MEDICAL COMMAND (PRMC) 1 JARRETT WHITE ROAD TRIPLER AMC, HAWAII 96859-5000

MCPR-CG

13 December 2013

MEMORANDUM FOR Inspector General, Headquarters, Pacific Regional Medical Command

SUBJECT: Inspection Directive - Fiscal Year 2014 (FY14) PRMC Inspector General (IG) Inspections

1. In accordance with (IAW) Army Regulation (AR) 1-201, Army Inspection Policy, 4 Apr 08; AR 20-1, Inspector General Activities and Procedures, 29 Nov 10, you are directed to conduct Inspector General inspections as part of the Fiscal Year 2014 Pacific Regional Medical Command (PRMC) Organizational Inspection Program (OIP).

2. Objectives:

- a. The following objectives apply to the following PRMC Units: Tripler Army Medical Center (TAMC), United States Army Health Clinic-Schofield Barracks (USAHC-SB) and Warrior Transition Battalion (WTB).
- (1) Determine and assess the adequacy and compliance of <u>DoD Standards for Warrior Transition Unit Housing Facilities</u> in Hawaii IAW Deputy Secretary of Defense Memorandum dated 18 Sep 07 and with the Commanding General, USAMEDCOM Inspection Directive, Subject: *Directive for the Inspection of Facilities Used to House Recovering Soldiers* dated 29 Oct 13. This objective applies to WTB only.
- (2) Determine compliance with the <u>Sexual Harassment / Assault Response and Prevention (SHARP) Program</u> IAW DoD Directive 6495.01, DoD Instruction 6495.02, AR 600-20, ALARACTs, MEDCOM Reg 40-36 and other federal, Department of the Army and local policies.
- (3) Determine and evaluate the effectiveness and condition of the <u>Government</u> <u>Barracks</u> under the Troop Command's ALPHA, BRAVO and CHARLIE Company, respectively IAW AR 420-1, *Army Facilities Management*, Department of the Army and other local policies. DELTA Company personnel are not assigned barracks housing.
- (4) Determine compliance and evaluate the effectiveness of <u>Department of the Army</u>
 <u>Form 4833, Commander's Report of Disciplinary or Administrative Action</u> IAW AR 190-45, Law
 <u>Enforcement Reporting</u>, Department of the Army and other local policies.

MCPR-CG

SUBJECT: Inspection Directive - Fiscal Year 2014 (FY14) PRMC Inspector General (IG) Inspections

- b. The following objectives apply to the US Army Medical Department Activity (MEDDAC) Japan (MEDDAC-Korea will not be inspected during FY14):
- (1) Determine compliance with the Army <u>Credentialing and Privileging Requirements</u> IAW DoD Manual 6025.13, AR 40-68 and MEDCOM Policy 12-061.
- (2) Determine compliance with the <u>Army Voting Assistance Program</u> (AVAP) IAW DoD Directive and AR 608-20.
- (3) Determine compliance with the <u>Sexual Harassment / Assault Response and Prevention (SHARP) Program</u> IAW AR 600-20, ALARACTs and MEDCOM Reg 40-36.
- (4) Determine compliance with the <u>Army Body Composition Program</u> (ABCP) IAW AR 600-9.
- (5) Determine compliance with the <u>Army Suspension of Favorable Personnel Actions</u> (FLAG) IAW AR 600-8-2 and other local policies.
- 3. The PRMC IG will provide administrative and other support to the following MEDCOM IG FY 14 inspections:
- a. MEDCOM IG inspections will include: Patient Centered Medical Home, Risk Management and Potentially Compensable Event Management, Emergency Management and Continuity of Operations, Leader Development, Professional Filler System, Army Voting Assistance Program, Pay and Benefits of the Soldiers in Warrior Transition Unit, and staff assistance visit with the PRMC Inspector General Office.
 - b. USAHC-SB inspection date: 6-7 February 2014.
 - c. TAMC and WTU inspection date: 10-13 February 2014.
- 4. The PRMC IG will assess the above objectives and other requirements as applicable in each unit.
- 5. You are authorized to task other PRMC staff agencies and subordinate headquarters for support and resources to ensure accomplishment of these inspections or visits.
- 6. You are authorized unlimited access to PRMC activities, organizations, personnel and information sources necessary to prepare and conduct the inspection.
- 7. You will brief me on your findings on each completed inspection or NLT October 2014. You will prepare a final consolidated report NLT 31 December 2014.

MCPR-CG

SUBJECT: Inspection Directive - Fiscal Year 2014 (FY14) PRMC Inspector General (IG)

Inspections

8. The PRMC IG point of contact is

DISTRIBUTION: SBHC Commander MEDDAC-J Commander MEDDAC-K Commander WTB Commander PRMC Operations (G-3)

Appendix 2 Detailed Standards List



DEPUTY SECRETARY OF DEFENSE 1010 DEFENSE PENTAGON WASHINGTON, DC 20301-1010

SEP 18 2007

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS UNDER SECRETARY OF DEFENSE FOR ACQUISITION, TECHNOLOGY AND LOGISTICS ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS

SUBJECT: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel

The Wounded, Ill and Injured Senior Oversight Committee (WII-SOC), a joint DoD/DVA committee, met and approved the following policy changes on August 28, 2007.

Effective immediately, the Military Services will provide housing for medical hold and holdover personnel in accordance with the attached standards. These standards address baseline accommodations and special features and services that may be required depending on a member's medical condition and treatment plan.

The Secretaries of the Military Departments are directed to use these standards for conducting the inspections required by section 3307 of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Irao Accountability Appropriations Act, 2007 (Public Law 110-28), and to report inspection findings to the Under Secretary of Defense for Personnel and Readiness not later than October 31, 2007.

Timely implementation of these standards is a top Department priority.



Attachment: As stated



HOUSING INSPECTION STANDARDS FOR MEDICAL HOLD AND HOLDOVER PERSONNEL

1. PURPOSE

These standards shall be used as a basis for evaluating the adequacy of facilities that house medical hold and holdover personnel.

2. GENERAL

In general, medical hold and holdover personnel receiving outpatient medical treatment (hereafter referred to as MH personnel or MH members) shall be assigned or referred to housing that exceeds or meets the applicable quality standards and is appropriate for their medical condition, expected duration of treatment, dependency status (including authorization of a non-medical attendant), and pay grade. The particular housing and associated amenities/services provided shall be an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command. Note that some MH personnel with serious medical conditions are authorized non-medical attendants at the discretion of their primary care physician to assist in their recovery and rehabilitation. Non-medical attendants can include the member's parent, guardian, or another adult (18 or over).

3. APPLICABILITY

These standards address baseline accommodations, and any special medically needed facility features and services. Standards and guidance are also provided for associated turnishings, amenities, operations/services, and maintenance that are critical to well being and morale.

These standards apply to the following types of housing when occupied by MH personnel:

- DoD-owned family housing (FH)
- DoD-owned unaccompanied personnel housing (UPH)
- Lodging owned by DoD, whether supported by appropriated funds or a non-appropriated funded instrumentality (NAFI). Lodging types include temporary duty (TDY) lodging, permanent change of station (PCS) lodging, recreational lodging, and military treatment facilities (MTF) lodging, e.g., Fisher Houses.
- Lease/contracted housing and lodging, to the maximum extent permitted by the associated agreement.
- Privatized housing and lodging, to the maximum extent permitted by the associated agreement.

Note these standards do not apply to a service member's privately-owned home, or a rented home in the community (not privatized) that a service member obtains on his or her own.

4. PRIORITY FOR SERIOUS MEDICAL CONDITIONS AS A DIRECT RESULT OF ARMED CONFLICT

It is fitting that medical hold personnel who have "serious physical disabilities" or that are the "direct result of armed conflict" have *priority* for housing and certain services. While the minimum housing *standards* are the same for all medical hold personnel, DoD has a special obligation to provide the best for seriously Wounded Warriors. Examples where priority should be considered include: housing waiting lists, furnishings and electronic equipment, parking spaces, time to respond to maintenance requests, etc. Furthermore, the housing status of these seriously Wounded Warriors should be monitored at the Service HQ level.

5. RESPONSIBILITIES

The chain of command shall be responsible, in consultation with the patient and the patient's medical support team and case managers, to validate that every MH member is adequately housed in accordance with these standards. Before a MH member is assigned/referred to housing (e.g., before transitioning from inpatient to outpatient status), the case manager shall provide consultation to the chain of command to ensure that the intended patient housing meets any special medical needs. If an assigned/referred housing unit for a member does not meet all the applicable standards in this document, the installation or garrison commander shall document the reasons why the standards were not met (authority can be delegated), and the respective Military Service headquarters must be notified no later than one week after the MH member takes occupancy.

¹ For purposes of this provision, "serious physical disability" means: (a) any physiological disorder or condition or anatomical loss affecting one or more body systems which has lasted, or with reasonable cartainty is expected to last, for a minimum period of 12 configuous months, and which precludes the person with the disorder, condition or anatomical loss from unaided performance of at least one of the following major life activities; breathing, cognition, hearing, seeing, and age appropriate ability essential to bathing, dressing, eating, grooming, speaking, stair use, toilet use, transferring, and walking; or (b) serious psychological disabilities, such as post-traumatic stress disorder. (This definition is based primarily on 32 C.F.R. 199.2, the regulations for the CHAMPUS/TRICARE program.)

² For purposes of this provision, "direct result of armed conflict" means there was a definite causal relationship between the armed conflict and the resulting unfitting disability. The fact that a member may have incurred a disability during a period of war or in an area of armed conflict, or while participating in combat operations is not sufficient to support this finding. Armed conflict includes a war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerrilla action, riot, or any other action in which Service members are engaged with a hostile or belligerent nation, facilion, force, or terrorists. Armed conflict may also include such situations as incidents involving a member while interned as a prisoner of war or while detained against his or her will in custody of a hostile or belligerent force or while escaping or attempting to escape from such confinement, prisoner of war, or detained status. (This definition is based on DoDI 1332.38, Physical Disability Evaluation, paragraphs E3.P5.2.2.1 and E3.P5.1.2.)

6. ASSIGNMENT

As a general rule, unless dictated otherwise by special medical requirements, MH personnel shall be assigned/referred to housing that exceeds or meets the applicable quality standards and that: (a) is appropriate for their expected duration of their treatment, (b) supports a non-medical attendant, if authorized, (c) supports accompaniment by their dependents when desired and not incompatible with their treatment, and (d) is appropriate for their pay grade (e.g., configuration and size). Note that from a housing assignment/referral perspective, an authorized non-medical attendant shall be treated like a dependant, e.g., if no other acceptable accommodations are available, a single MH member with an authorized non-medical attendant shall be eligible for temporary assignment to family housing.

For example, MH personnel (whether single or married) with an authorized non-medical attendant and facing a long rehabilitation period should not be housed in a one-room lodging unit, but instead be provided with a lodging unit with a minimum of two bedrooms with a kitchen and living room (e.g., PCS lodging), or family housing (DoD-owned or privatized). When eligible for DoD-owned housing, MH personnel shall be included as part of "Priority 1", as defined by DoDD 4165,63M, DoD Housing Management Manual. This referral priority should also apply to privatized or long-term leased (e.g., section 801) housing or lodging provided the referral is consistent with the privatized project's operating agreement

If appropriate housing is not available on the installation on which the member is receiving care, or at nearby military installations, and the service member does not reside in a privately-owned or rented home. MH personnel should be housed off the installation in private sector accommodations that are appropriate for their expected duration of treatment, dependency status (at their treatment location), and pay grade – unless dictated otherwise by special medical requirements.

7. BASELINE STANDARDS

Condition

All MH personnel housing must be in good overall condition with no major problems with any of the building systems, i.e., all are working properly and not at risk of imminent failure or malfunction. Building systems include but are not limited to roof, exterior walls, foundation, doors and windows, interior finishes, plumbing, lighting, electrical, life and fire safety, and heating-ventilating-and air-conditioning (HVAC). It is important that MH personnel be able to adequately control the temperature in their housing units. There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental/safety/health hazard.

<u>Kitchens</u>

Kitchens are an important quality of life feature for MH personnel who face long rehabilitation periods, especially those with authorized non-medical attendants. Accordingly, kitchens shall be provided that exceed or meet existing applicable standards for the type of accommodations provided (unaccompanied housing, lodging, or family housing).

Laundry Facilities

Laundry facilities shall be provided as defined by the type of housing (unaccompanied personnel housing, lodging, or family housing), or as applicable based on medical condition. If an assigned/referred housing unit only has laundry equipment hook-ups, a residential-quality clothes washer and a dryer should be provided as loaned furnishings.

Fumishings

Provide loaned furnishings as appropriate.

Electronic Equipment

Generally, a television with cable/satellite service, internet service, and a telephone with local service shall be provided in each MH member's housing unit. If a MH member is unable to bring their personal electronic equipment to their assigned/referred housing, and they face a long rehabilitation period, efforts should be made to provide additional electronic devices such as a VCP/DVD player, stereo, computer with printer, and video game player. If the internet service is hard-wired, consideration should also be given to providing WIFI and a laptop computer.

Housekeeping and Pest Management

MH personnel housing shall be kept free of pests and litter, and trash containers shall be emptied on an appropriate cycle.

Landscaping, Grounds Maintenance, and Parking

Parking areas, turf, and grounds shall be well-maintained, attractive and litter-free. The number of parking spaces shall be adequate to support expected occupancy. Snow and ice shall be removed promptly from walkways and parking areas to ensure safety and prevent injuries.

Physical Security

MH member accommodations shall be provided with appropriate physical security measures, including required lighting levels inside and outside (parking and walkways).

Building Maintenance and Housekeeping Requests

An effective preventative maintenance program shall be in place for MH personnel housing. Also, installations shall have a mechanism where MH personnel can request building maintenance and housekeeping services.

8. SPECIAL MEDICAL REQUIREMENTS

Many MH members will have certain medical conditions that result in various functional limitations. For these members, it is essential that special accommodations and services be provided as an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command. Some of these limitations will be permanent, but many others will change during recovery and rehabilitation, which may eliminate the need for certain special accommodations or services.

Accessibility

For members who have accessibility requirements, accommodations must, at a minimum, comply with the most current standards issued by the Department of Defense under the Architectural Barriers Act of 1968, as amended. Note that accessibility also applies to the route and distance (e.g., walkways, ramps, parking) that a MH member must travel from their housing accommodations to reach their medical treatment center, dining facility, or other support services. For all other MH member accommodations, consideration should be given to incorporating "universal design" principles (e.g., lever type door handles in lieu of knobs).

Cognition

When required, MH member accommodations shall address the range of cognitive limitations that result from conditions such as Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD), and stroke. For example, sometimes complex geometric patterns on rugs, linens, or flooring can cause disorientation in these patients. Flooring and carpet with a subtle texture or pattern often helps with depth perception.

Visual and Auditory

Necessary features for visually and auditorily impaired MH personnel shall be provided in accordance with the DoD standards.

Burns

MH personnel recovering from serious burns or nerve/neurological injuries are very sensitive to hot water, so consideration shall be given to installing special devices to regulate the water temperature.

Other Physical Limitations

Standard accessibility guidelines generally are adequate for ambulatory impaired MH personnel except in special cases such as when they are in a wheelchair with one or both legs in an extended position. In this case, normal wheelchair clearances and turning circles may be inadequate. Even with the loss of both legs, MH personnel can be fully ambulatory with their prostheses, but still need accessible accommodations when they are in a wheelchair (such as when they have to use the bathroom at night).

For physically impaired MH personnel, bathrooms are the major source of concern. Suggestions for improvement include doors that open to the outside, additional clearance for wheelchairs, and longer hoses on shower nozzles. For MH personnel with loss of or injury to arms and hands, accommodations shall be provided with either a bidet bowl or an electrically powered 'add-on bidet' that replaces a normal toilet seat to rinse the peritoneal area.

Housekeeping

If a MH member without a non-medical attendant would have difficulty with basic housekeeping, it may be necessary to assign them to housing where these services are included with the accommodations, such as lodging, or to provide the required services for their housing unit such as by contract. Provide disposal of bio-hazard waste as required.

Laundry Services and Equipment

Special laundry service may also have to be provided for MH personnel who have a medical condition that requires their linens, towels, and clothing to be disinfected. In accessible units with a laundry, the clothes washer and dryer should be accessible from a wheelchair.

Kitchens and Food service

For certain medical conditions, a kitchen or kitchenette may be prescribed, either in the unit or located within the same building. On the other hand, there could be special dietary requirements that would be most effectively handled by a hospital or installation dining facility. Note that ranges and cook tops in accessible units shall have control knobs on the front for easy wheelchair access.

Furnishings

Accessible rooms need to have accessible furnishings, such as computer desks and higher beds.

Parking

MH personnel with mobility impairments shall have first priority in assignment and use of all parking spaces under the control of the facility, beginning with those spaces closest to the entrances and exits used by MH personnel. The next level of priority shall be extended to individuals who transport MH personnel with these types of disabilities. If possible, spaces shall be provided for pickup and drop-off in addition to daily and overnight use. The number of spaces shall be adequate to support the expected occupancy, including the required number of accessible spaces. Additional spaces shall be provided on an expedited basis to meet unforeseen needs.

Proximity to Outpatient Treatment Center and Other Services

MH personnel may require housing in close proximity to a medical treatment facility for reasons related to their disabilities or medical conditions. For example, there may be a substantial risk of unanticipated urgent medical situations that require prompt attention by caregivers, or the frequency and duration of routine medical treatment may dictate the need for housing nearby. Transportation must be provided for MH personnel who do not have their own means of transport (e.g., transportation by a non-medical attendant with a POV) and who are not housed adjacent to their outpatient medical treatment facilities (whether on or off the installation). This transportation must be adequate to ensure timely access to treatment, dining facilities, and other important support facilities such as exchanges and commissaries.

9. INSPECTIONS

The Military Services shall conduct periodic inspections of MH personnel housing in accordance with these standards, at least on an annual basis. Inspections of privatized housing and lodging containing MH personnel shall be accomplished only with prior coordination with the project partner or owner. In the event a deficiency is identified, the commander of such facility shall submit to the Secretary of the Military Department a detailed plan to correct the deficiency; and the commander shall reinspect such facility not less often than once every 180 days until the deficiency is corrected.

10. FEEDBACK AND UPDATES

The Military Services shall implement periodic and comprehensive follow-up programs using surveys, one-on-one interviews, focus groups, and town-hall meetings to learn how to improve MH personnel housing and related amenities/services. Such feed back should be solicited from the MH members, their families and friends, care-givers, chain of command, and housing owners/operators. Summaries of the feedback with resulting changes should be provided on a periodic basis to OSD, in conjunction with any other reporting requirements.

11. IMPLEMENTATION

The Military Departments have the authority to issue supplemental instructions to provide for unique requirements within their respective organizations provided they conform to the basic policy guidance in this document.

Appendix 3 Reports

Inspection reports were provided to the incumbent of the offices listed below or their designated representatives on the date indicated:

Office	Date of Report
Warrior Transition Battalion Commander	10 Jul 14
Military Treatment Facility Commander	10 Jul 14
Post/Garrison Commander	10 Jul 14
Senior Mission Commander (delegated under 25 th ID)	10 Jul 14

Appendix 4 Acronyms List

ADA - American with Disabilities Act

AMR - Aliamanu Military Reservation

CG - Commanding General

DoD - Department of Defense

DPW - Department of Public Works

NFPA - National Fire Protection Association

PRMC - Pacific Regional Medical Command

RMC - Regional Medical Command

SB - Schofield Barracks

TAMC - Tripler Army Medical Center

WII - Wounded, Ill and Injured

WTB - Warrior Transition Battalion

WTU - Warrior Transition Unit

Appendix 5 References

29 Code of Federal Regulation (CFR): 1960.8.

ALARACT 162/2008, 3 July 2008, Subject: Inspection of Armed Forces Facilities Used to House Recovering Service Members Assigned to Army Warrior Transition Units.

ALARACT 295/2008, 9 December 08, Subject: MOD 1 to ALARACT 162/2008.

Army Regulation 420-1, Army Facilities Management, 24 August 2012.

Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: *DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.*

National Defense Authorization Act (NDAA), Public Law 110-181, Sec 1662, 28 January 2008, Subject: Access of Recovering Service Members to Adequate Outpatient Residential Facilities.

National Fire Protection Association (NFPA) 101-76, Life Safety Code, 2009 Edition.